



GUJARAT UNIVERSITY EQUAL OPPORTUNITY CELL

(NAAC Accredited B++)



Hon. V. C. Dr. H. A. PANDYA
(Chairperson EOC)

Dr. P. M. Patel
(Registrar GU)

Dr. Sujatha Sony Onattu
(Co-ordinator EOC)

CIRCULAR

To,
The HODS/DIRECTORS
GUJARAT UNIVERSITY

06/09/2021

As per the letter number AICB/K-1/2021 dated 26/08/2021 of the All India Confederation of the Blind, if any of your visually impaired Masters or MPhil students have secured 1st or 2nd position in the Masters or MPhil final exam, during 2019-20 and 2020-21 academic sessions, they may be considered for Krishna Kumari Varma memorial Award or AICB Krishanawanti & Manohar Lal Memorial Award for Blind students respectively. Please encourage them to apply in the given format (Application form attached) and co-ordinate with Equal Opportunity Cell (EOC), Gujarat University.

Thanking You
Yours Sincerely

Prof (Dr) Sujatha Sony Onattu,
Co-Ordinator & Member Secretary - EOC,
Equal Opportunity Cell,
Gujarat University

EOC OFFICE ADDRESS

Room No. 36/25, School of Social Sciences, Gujarat University, Navrangpura, Ahmedabad-380009, Gujarat (India)
Phone : + 91-79-26302385 Ext. 38, 39, Email : gueoc@gmail.com, <http://www.gujaratuniversity.ac.in/Web EOC>

ALL INDIA CONFEDERATION OF THE BLIND

Braille Bhawan, Institutional Area,
Sector-5, Rohini, Delhi – 110 085

Phone: 011-27054082
Tele-fax: 011-27050915

Email: aicbdelhi@yahoo.com
Website: www.aicb.org.in

"APPLICATION FORM FOR THE "KRISHNA KUMARI VARMA MEMORIAL AWARD"

PERSONAL DETAILS

- 1) Full Name in Block letters : _____
- 2) Date of Birth : _____
- 3) Present Postal Address : _____

- 4) Permanent Address : _____

- 5) Phone/Mobile Number : _____
- 6) Fax : _____
- 7) Email : _____
- 8) Onset of Blindness : _____
- 9) Present status of Eye sight : _____

EDUCATIONAL QUALIFICATION

- 10) Matriculation or Equivalent Examination
 - a) Name of the Board or University : _____
 - b) Year : _____
 - c) Division : _____
 - d) Percentage of Marks : _____
- 11) Higher Secondary or Intermediate Examination
 - a) Name of the Board or University : _____
 - b) Year : _____
 - c) Division : _____
 - d) Percentage of Marks : _____

12) B.A. or Equivalent Examination

- a) Name of the Board or University : _____
b) Year : _____
c) Division : _____
d) Percentage of Marks : _____

13) M.A. or Equivalent Examination

- a) Name of the Board or University : _____
b) Year : _____
c) Division : _____
d) Percentage of Marks : _____

14) Participation in co-curricular activities, such as Debate Competition, Essay Writing Contest, Elocution Contest, etc. (Please give details on a separate sheet) :

15) Any other special achievement s : _____

16) Signature of the Applicant : _____

Note:

- 1) Photocopies of the certificates of all the examinations duly attested by the Head of the Department concerned or a Gazetted Officer.
- 2) A certificate testifying the position of the candidate in order of merit in the University should also be sent along with the application form and this certificate should be signed by (A) the Head of the Department or (B) the Registrar or Vice-Chancellor of the University.

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APPLICATION FORM FOR "AICB KRISHNAWANTI & MANOHAR LAL MEMORIAL AWARD FOR BLIND M.PHIL STUDENTS"

PERSONAL DETAILS

- 1) Full Name in Block letters : _____
- 2) Date of Birth : _____
- 3) Present Postal Address : _____

- 4) Permanent Address : _____

- 5) Phone/Mobile Number : _____
- 6) Fax : _____
- 7) Email : _____
- 8) Onset of Blindness : _____
- 9) Present status of Eye sight : _____

EDUCATIONAL QUALIFICATION

- 10) Matriculation or Equivalent Examination
 - a) Name of the Board or University : _____
 - b) Year : _____
 - c) Division : _____
 - d) Percentage of Marks : _____
- 11) Higher Secondary or Intermediate Examination
 - a) Name of the Board or University : _____
 - b) Year : _____
 - c) Division : _____
 - d) Percentage of Marks : _____

12) B.A. or Equivalent Examination

- a) Name of the Board or University : _____
b) Year : _____
c) Division : _____
d) Percentage of Marks : _____

13) M.A. or Equivalent Examination

- a) Name of the Board or University : _____
b) Year : _____
c) Division : _____
d) Percentage of Marks : _____

14) M. Phil Examination

- a) Name of the University : _____
b) Year : _____
c) Position : _____
d) Percentage of Marks : _____

15) Participation in co-curricular activities, such as Debate Competition, Essay Writing Contest, Elocution Contest, etc. (Please give details on a separate sheet):

16) Any other special achievements :

17) Signature of the Applicant :

Note:

- 1) Photocopies of the certificates of all the examinations duly attested by the Head of the Department concerned or a Gazetted Officer.
- 2) A certificate testifying the position of the candidate in order of merit in the University should also be sent along with the application form and this certificate should be signed by (A) the Head of the Department or (B) the Registrar or Vice-Chancellor of the University.
- 3) Certificate of blindness duly attested.
- 4) Passport size photograph.